

2004

STATE OF NORTH CAROLINA COUNTY OF YADKIN BUSINESS PERSONAL PROPERTY LISTING

RETURN TO: YADKIN COUNTY TAX DEPARTMENT, P.O. BOX 1217, YADKINVILLE, N.C. 27055

PHONE: (336) 679-4221

LISTING #

FOR DEPARTMENT USE ONLY - - - >	ACCOUNT NUMBER	DISTRICT	PENALTY	VALUE

PHYSICAL ADDRESS _____ REAL ESTATE OWNED BY _____ SOC. SEC. # / FED. ID # _____ STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC #) _____ NAME IN WHICH BUSINESS WAS LISTED LAST YEAR _____ PRINCIPAL BUSINESS IN THIS COUNTY _____ DATE BUSINESS BEGAN IN THIS COUNTY _____ OTHER N.C. COUNTIES WHERE PROPERTY IS LOCATED _____	CHECK ONE OF EACH <i>Business Type</i> <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> UNINCORPORATED ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (SPECIFY) _____ <i>Business Category</i> <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> LEASING/RENTAL <input type="checkbox"/> SERVICE <input type="checkbox"/> FARMING <input type="checkbox"/> OTHER (SPECIFY) _____ LOCATION OF ACCOUNTING RECORDS _____ DATE BUSINESS (FISCAL) YEAR ENDS _____ CONTACT PERSON FOR AUDIT _____ ADDRESS & PHONE _____ IF OUT OF BUSINESS COMPLETE THIS SECTION - - - > DATE CEASED _____ CHECK ONE: <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED <input type="checkbox"/> BANKRUPT <input type="checkbox"/> OTHER SOLD EQUIPMENT/FIXTURES/SUPPLIES TO _____ BUYER'S ADDRESS & PHONE _____
---	---

SCHEDULE A PERSONAL PROPERTY (SEE INSTRUCTIONS)									
GROUP (1) MACHINERY & EQUIPMENT					GROUP (2) OFFICE FURNITURE & FIXTURES				
YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2003					2003				
2002					2002				
2001					2001				
2000					2000				
1999					1999				
1998					1998				
1997					1997				
1996					PRIOR				
1995					TOTAL				
1994					GROUP (3) COMPUTER EQUIPMENT				
YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
1993					2003				
1992					2002				
1991					2001				
1990					2000				
1989					PRIOR				
1988					TOTAL				
PRIOR					GROUP (5) EXPENSED ITEMS (cap thresh _____)				
TOTAL					YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
GROUP (4) LEASEHOLD IMPROVEMENTS					2003				
YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	2002				
2003					PRIOR				
2002					TOTAL				
2001					GROUP (6) OTHER				
2000					YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
1999					2003				
1998					2002				
1997					2001				
1996					2000				
1995					1999				
1994					1998				
1993					1997				
1992					PRIOR				
1991					TOTAL				
1990					GROUP (8) SUPPLIES - SEE INSTRUCTIONS				
PRIOR					TYPE	COST	TYPE	COST	
TOTAL					(1)		(5)		
GROUP (7) CONSTRUCTION IN PROGRESS					(2)		(6)		
LIST IN DETAIL ALL EXPENDITURES IN CIP ACCOUNT ON JANUARY 1, BUT NOT INCLUDED ABOVE - SEE INSTRUCTIONS					(3)		PRIOR YR. SUPPLIES		
TOTAL CIP: \$					(4)		TOTAL		

SCHEDULE B		VEHICULAR EQUIPMENT - SEE INSTRUCTIONS							
GROUP (1) UNREGISTERED MOTOR VEHICLES, MULTIYEAR REGISTERED TRAILERS									
YEAR	MAKE	MODEL	BODY/SIZE	TITLE #	VEHICLE ID. NUMBER (VIN)	SPEC. BODY COST	FOR OFFICE USE		
GROUP (2) BOATS & BOAT MOTORS									
TYPE	YEAR / MAKE / MODEL		LENGTH/SIZE	REGIS. #	LOCATION	ENGINE TYPE	ORIGINAL COST	YEAR PURCHASED	FOR OFFICE USE
BOAT									
MOTOR			HP						
BOAT									
MOTOR			HP						
GROUP (3) AIRCRAFT									
YEAR	MAKE	MODEL	SERIAL #		LOCATION	FAA #	ORIGINAL COST	YEAR PURCHASED	FOR OFFICE USE
GROUP (4) MOBILE HOMES & OFFICES									
YEAR	MAKE	WIDTH/LENGTH	TITLE		ID. NUMBER (VIN)	ORIGINAL COST	YEAR PURCHASED	FOR OFFICE USE	
		X							
		X							
		X							

SCHEDULE C		PROPERTY IN YOUR POSSESSION ON JANUARY 1, BUT OWNED BY OTHERS THIS SECTION DUE JANUARY 15, SEE INSTRUCTIONS			
NAME AND ADDRESS OF OWNER	DESCRIPTION OF PROPERTY	LEASE # OR ACCOUNT#	MONTHLY PAYMENT	COST NEW (QUOTED)	START & END LEASE DATES

SCHEDULE D		ACQUISITIONS AND/OR DISPOSALS OF MACHINERY, EQUIPMENT, FURNITURE AND FIXTURES IN THE PRIOR YEAR (ATTACH SCHEDULE IF NECESSARY)		
ACQUISITIONS - ITEMIZE IN DETAIL	100% ORIGINAL COST INSTALLED	DISPOSALS - ITEMIZE IN DETAIL	YEAR ACQUIRED	100% ORIGINAL COST
TOTAL			TOTAL	

AFFIRMATION	LISTING FORM MUST BE SIGNED BY A LEGALLY AUTHORIZED PERSON - SEE INSTRUCTIONS
<p>Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, inventories, schedules, and other information, is true and complete. (If this affirmation is signed by an individual other than the taxpayer, he affirms that he is familiar with the extent and true value of all taxpayer's property subject to taxation in this county and that his affirmation is based on all the information of which he has any knowledge.)</p> <p>Listing MUST be signed by a principal officer of the taxpayer or a FULL-TIME employee of the taxpayer who has been officially empowered by the principal officer to list the property.</p>	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;">SIGNATURE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">DATE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">PRINT OR TYPE NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">TITLE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">TELEPHONE NUMBER</div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">PREPARER OTHER THAN TAXPAYER</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">DATE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">PRINT OR TYPE NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">ADDRESS</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">TELEPHONE NUMBER</div>
<p>Any individual who willfully makes and subscribes an abstract listing required by this Subchapter (of the Revenue Laws) which he does not believe to be true and correct as to every material matter shall be guilty of a Class 2 misdemeanor. (Punishable by imprisonment up to 6 months)</p>	

2004

STATE OF NORTH CAROLINA COUNTY OF YADKIN BUSINESS PERSONAL PROPERTY LISTING

RETURN TO: YADKIN COUNTY TAX DEPARTMENT, P.O. BOX 1217, YADKINVILLE, N.C. 27055

PHONE: (336) 679-4221

LISTING #

FOR DEPARTMENT USE ONLY - - - >	ACCOUNT NUMBER	DISTRICT	PENALTY	VALUE

Additional Schedule A

SCHEDULE A									
GROUP (1) MACHINERY & EQUIPMENT					GROUP (1) MACHINERY & EQUIPMENT				
YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2003					2003				
2002					2002				
2001					2001				
2000					2000				
1999					1999				
1998					1998				
1997					1997				
1996					1996				
1995					1995				
1994					1994				
1993					1993				
1992					1992				
1991					1991				
1990					1990				
1989					1989				
1988					1988				
PRIOR					PRIOR				
TOTAL					TOTAL				
GROUP (1) MACHINERY & EQUIPMENT					GROUP (1) MACHINERY & EQUIPMENT				
YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST	YR. ACQUIRED	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2003					2003				
2002					2002				
2001					2001				
2000					2000				
1999					1999				
1998					1998				
1997					1997				
1996					1996				
1995					1995				
1994					1994				
1993					1993				
1992					1992				
1991					1991				
1990					1990				
1989					1989				
1988					1988				
PRIOR					PRIOR				
TOTAL					TOTAL				

